

State of Minnesota

District Court

County of _____

Judicial District: _____

Court File Number: _____

Assigned Judge: _____

Case Type: _____

Dissolution with Children

In Re the Marriage of:

Name of Petitioner (first, middle, last)

and

Name of Respondent (first, middle, last)

**Findings of Fact, Conclusions of
Law, Order for Judgment,
Judgment and Decree**

A. This proceeding for dissolution of marriage came before the undersigned judge of district court on _____(date) at _____(location) in the State of Minnesota. Petitioner ☐ did ☐ did not appear. Respondent ☐ did ☐ did not appear.

_____ appeared as attorney for _____.

B. Petitioner ☐ is NOT represented by an attorney OR

Petitioner ☐ is represented by the following attorney: _____.

C. Respondent ☐ is NOT represented by an attorney OR

Respondent ☐ is represented by the following attorney: _____.

D. Service of the *Summons and Petition for Dissolution of Marriage*:

☐ Respondent was personally served on _____, _____, **OR**

☐ Respondent signed an *Admission of Service* on _____, _____, **OR**

☐ Respondent was served by alternate means as ordered by the court as follows:

☐ By mailing the Summons and Petition to Respondent at the address(es) stated in the Order for Service by Alternate Means on this date: _____

☐ By publication of the *Summons* in _____ newspaper for 3 consecutive weeks, once each week, on the following 3 dates: _____, _____, and _____.

E. Petitioner was served with an *Answer and Counter-Petition*: ☐ YES ☐ NO

If YES, Petitioner was served with the *Answer and Counter-Petition* on _____, _____.
Month Day Year

F. **Check One:**

☐ Respondent did not respond, so Petitioner proceeded by default.

☐ Petitioner and Respondent reached an agreement and signed a *Marital Termination Agreement*, the terms of which are set forth in this document as *Conclusions of Law*.

☐ Petitioner and Respondent reached an agreement at Court. The Agreement is not in writing. Petitioner prepared the *Findings of Fact, Conclusions of Law, Order for Judgment and Judgment and Decree*, and included the terms of the parties' Agreement. Respondent approves of the agreement as noted by his or her signature on the last page of this document.

Findings of Fact

1. Information about Petitioner

Full Name: _____
First Middle Last

Address where you live: _____
Street Address Apt. No.

City County State Zip Code

Mailing address where you agree to receive papers for this case: ☐ Same as above address OR

Street Address Apt. No.

City County State Zip Code

Date of Birth: _____ Petitioner is the ☐ husband ☐ wife.
Month Day Year

List all of Petitioner's former or other names or write "None":

First Middle Last

First Middle Last

2. Information about Respondent

Full Name: _____
First Middle Last

Address: _____
Street Address Apt. No.

City County State Zip Code

☐ Respondent's address is unknown. Respondent's Date of Birth: _____
Month Day Year

List all of Respondent's former or other names or write "None":

| | | |
|-------|--------|-------|
| _____ | _____ | _____ |
| First | Middle | Last |
| | | |
| _____ | _____ | _____ |
| First | Middle | Last |

3. Our Marriage

Petitioner and Respondent were married on: (month, day, year) _____,
in the City of _____, County of _____, State of _____,
Country of _____.

4. 180 Day Requirement

Has Petitioner been living in Minnesota for the past six (6) months? ☐ YES ☐ NO

Has Respondent been living in Minnesota for the past six (6) months? ☐ YES ☐ NO ☐ Unknown

5. Armed Forces

Is Petitioner an active duty member of the armed forces? ☐ YES ☐ NO

If YES, has Petitioner been stationed in Minnesota for the past six (6) months? ☐ YES ☐ NO

Is Respondent an active duty member of the armed forces? ☐ YES ☐ NO ☐ Unknown

If YES, has Respondent been stationed in Minnesota for the past (6) months? ☐ YES ☐ NO

6. Marriage Cannot be Saved

There has been an irretrievable breakdown of the marriage relationship and the marriage between
Petitioner and Respondent cannot be saved.

7. Physical Living Situation

Do Petitioner and Respondent live together at this time? ☐ YES ☐ NO

If **NO**, the date of separation was: _____
Month Day Year

If **YES**, Petitioner and Respondent are living together at this time because: _____

8. Other Proceedings

a. Has a separate court case for marriage dissolution, legal separation, custody, paternity or annulment already been started by Petitioner or Respondent in Minnesota or elsewhere?

☐ YES ☐ NO If YES, the type of court case is: _____

and it was started in _____ County in the State of _____

and the Court file number is _____, and the status or outcome of the case is:

☐ Open ☐ Closed ☐ Unknown or _____

b. Has a County started a Support case involving the Petitioner and the Respondent or their children? ☐ YES ☐ NO If YES, the case was started in _____

County in the State of _____ and the Court file number is _____.

The case is ☐ Dismissed or ☐ Pending or ☐ an Order for Support was issued.

9. Protection or Harassment Order

Is an *Order for Protection* or a *Harassment/Restraining Order* in effect regarding Petitioner and Respondent? ☐ YES ☐ NO

If YES:

a. The *Order* protects: ☐ Petitioner ☐ Respondent ☐ the child(ren) and the Order was filed in _____ County in _____ State on _____ date, and the Court file number is _____.

b. Does the Order for Protection include an order to pay child support? ☐ YES ☐ NO

10. Juvenile Court Case

Is a Juvenile Court case (child protection, delinquency or foster care) involving husband's and wife's child(ren) taking place in Minnesota or another state? ☐ YES ☐ NO

“Child” means a living person under age 18, or under age 20 and still in high school.

the marriage? ☐ YES ☐ NO If YES,

| Full Name of Child | Date of Birth | Age | Child Currently Lives With |
|--------------------|---------------|-----|--|
| | | | <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both parents OR <input type="checkbox"/> _____ (write in name) |
| | | | <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both parents OR <input type="checkbox"/> _____ (write in name) |
| | | | <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both parents OR <input type="checkbox"/> _____ (write in name) |
| | | | <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both parents OR <input type="checkbox"/> _____ (write in name) |
| | | | <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both parents OR <input type="checkbox"/> _____ (write in name) |

If a child is living with someone other than a parent, write the child's address here:

Address: _____

| | | | |
|----------------|----------|-------|----------|
| Street Address | Apt. No. | | |
| City | County | State | Zip Code |

for the past six (6) months? ☐ YES ☐ NO

If **NO**, name the child or children, name the State(s) the child has lived in during the past 6 months, and the dates the child lived in each state:

12. Adult Dependent Children

Support can be ordered for a child over age 18 who cannot support him/herself because of a physical or mental condition.

Is there an adult child born to or adopted by Husband and Wife who is not able to support

him or herself because of a physical or mental condition? ☐ YES ☐ NO

If YES, the full name, date of birth and age of each adult dependent is:

| Full Name of Dependent | Date of Birth | Age |
|------------------------|---------------|-----|
| | | |
| | | |

13. Pregnancy

a. ☐ Petitioner ☐ Respondent is the wife in this marriage.

b. Is wife pregnant? ☐ YES ☐ NO ☐ UNKNOWN If wife is pregnant answer (i) and (ii):

(i) The date the baby is due is _____ OR ☐ UNKNOWN
Month Day Year

(ii) Do Wife and Husband agree that husband is the biological father of the unborn child?

☐ YES ☐ NO

If NO, ☐ Wife ☐ Husband claims husband is not the biological father of the child.

14. Husband's Children from Other Relationship

Does Husband have minor child(ren) from another marriage or relationship? ☐ YES ☐ NO

☐ UNKNOWN

If YES,

| Full Name of Child and Age | Date of Birth | Does Child Live with Husband? | Does Husband pay Court-Ordered Child Support for this Child? |
|----------------------------|---------------|--|--|
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |

| | | | |
|--|--|--|--|
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |

15. Wife's Children from other Relationship

- a. Does Wife have minor child(ren) *born prior to the marriage* from another marriage or relationship? ☐ YES ☐ NO ☐ UNKNOWN

If **YES**, the full name, date of birth and age of each child *born prior to the marriage* is:

| Full Name of Child and Age | Date of Birth | Does Child Live with Wife? | Does Wife pay Court-Ordered Child Support for this Child? |
|----------------------------|---------------|--|---|
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |

- b. Has Wife given birth, *since marrying Husband*, to a minor child who is not a child of the Husband? ☐ YES ☐ NO

If **YES**, answer (i) , (ii), (iii) and (iv):

- (i) List the full name, date of birth and age of each child born to Wife since marrying Husband, who is not a child of the Husband:

| Full Name of Child | Date of Birth | Age |
|--------------------|---------------|-----|
| | | |
| | | |

- (ii) Is there a Court Order naming someone other than the Husband as the father of the child(ren) listed in (i) above? ☐ YES ☐ NO

The Order is for: _____
Full Name of Child(ren)

- (iii) Have the Wife and biological Father signed a Minnesota Recognition of Parentage for any of the children listed in (i) above? ☐ YES ☐ NO

If **YES**, state the full name of the child:_____.

If **NO**, why not?_____

_____.

- (iv) Has the Husband signed the "Husband's Non-Paternity Statement " for any of the children listed at (i) above? ☐ YES ☐ NO

If **YES**, state the name of the child:_____

If **NO**, why not?_____

16. Legal Custody of Children Husband and Wife Have Together

Legal custody means which parent(s) have a say in the major decisions regarding the child(ren)'s life including education, religious upbringing and medical treatment.

If you want legal custody to be the same for all of the children, check and complete (a); otherwise, check and complete (b).

- ☐ a. It is in the best interests of the parties' child(ren) that legal custody of **all** of the parties' minor children be granted as follows:

☐ Solely to Petitioner ☐ Solely to Respondent ☐ Jointly to both parties

OR,

- ☐ b. It is in the best interests of the parties' child(ren) that legal custody be granted as follows:

| Name of Child | Legal Custody should be granted: |
|---------------|---|
| | <input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties. |
| | <input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties. |

| | |
|--|---|
| | <input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties. |
| | <input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties. |
| | <input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties. |

17. Physical Custody of Children Husband and Wife Have Together

Physical custody identifies which parent(s) will handle the routine daily care and control of the child(ren). *If physical custody will be the same for all of the children, check and complete (a); otherwise, check and complete (b).*

- ☐ a. It is in the best interests of the parties' child(ren) that physical custody of **all** of the parties' minor children be granted as follows:

☐ Solely to Petitioner ☐ Solely to Respondent ☐ Jointly to both parties

OR,

- ☐ b. It is in the best interests of the parties' child(ren) that physical custody be granted as follows:

| Name of Child | Physical Custody should be granted: |
|---------------|--|
| | <input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties. |
| | <input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties. |
| | <input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties. |
| | <input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR |

| | |
|--|--|
| | <input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties. |
|--|--|

18. Parenting Time

a. Supervised or Unsupervised

It is in the best interests of the parties' child(ren) that parenting time with

☐ Respondent ☐ Petitioner be: ☐ supervised ☐ unsupervised ☐ reserved.

For supervised parenting time answer i. and ii. For reserved parenting time, answer iii.

i. Supervision is necessary because unsupervised parenting time is likely to endanger the child's physical or emotional health or impair the child's emotional development. The circumstances supporting this finding are: _____

ii. It is also in the best interests of the child that supervision of parenting time be arranged as follows: (State who will supervise parenting time, and if there is a cost involved, who should pay the cost, and any other important details) _____

iii. Parenting time should be reserved because: _____

b. Schedule

It is in the best interests of the minor child(ren) that parenting time with ☐ Respondent ☐ Petitioner be scheduled as follows: *(If **joint physical** custody is requested check both Respondent and Petitioner and clearly explain when the child is with each parent. You may attach a separate sheet of paper setting out the parenting time schedule or fill in the blanks below. If you are asking that parenting time be **reserved**, do not fill in a schedule.)*

Weekends: _____

Week nights or after school: _____

Holidays _____

School Release days _____

Birthdays _____ (child's birthday, parent's birthday)

Summer _____

Telephone contact with the child(ren): ☐ Unlimited or ☐ Only at certain times as follows:
(describe the days and times when the parent and child(ren) may have telephone contact) _____

Other _____

19. Public Assistance

If either party is receiving public assistance from the State of Minnesota or applies for it after this

proceeding is started, the Petitioner must give notice of this marriage dissolution action to the Support and Collections office for the county paying the assistance.

- a. Does Petitioner receive public assistance from the State of Minnesota? ☐ YES ☐ NO

If **YES**, the assistance is from _____ County. (Check all that apply):

- ☐ MFIP ☐ Medical Assistance ☐ Tribal TANF
☐ Child Care Assistance ☐ MinnesotaCare ☐ General Assistance

- b. Does Respondent receive public assistance from the State of Minnesota?

☐ YES ☐ NO ☐ UNKNOWN

If **YES**, the assistance is from _____ County. (Check all that apply):

- ☐ MFIP ☐ Medical Assistance ☐ Tribal TANF
☐ Child Care Assistance ☐ MinnesotaCare ☐ General Assistance

- c. Do the children of the parties receive public assistance from the State of Minnesota?

☐ YES ☐ NO ☐ UNKNOWN

If **YES**, the assistance is from _____ County. (Check all that apply):

- ☐ MFIP ☐ Medical Assistance ☐ Tribal TANF ☐ MinnesotaCare
☐ IV-E Foster Care

20. School

Is Petitioner currently enrolled in school? ☐ YES ☐ NO

If **YES**:

a. The name of the school is _____.

b. The type of school is ☐ Highschool ☐ College ☐ Vocational ☐ Other

c. The type of degree expected is _____ and the expected graduation date is _____.

Is Respondent currently enrolled in school? ☐ YES ☐ NO ☐ UNKNOWN

If **YES**:

a. The name of the school is _____.

b. The type of school is ☐ Highschool ☐ College ☐ Vocational ☐ Other

c. The type of degree expected is _____ and the expected graduation date is _____.

21. Social Security or Disability Income

- a. Does anyone in Petitioner's household, including a child, receive Supplemental Security Income (SSI) or Social Security (SSDI or RSDI) due to disability, retirement, or death of a parent or spouse? ☐ YES ☐ NO

If **YES**, the name of the person who receives the income is: _____ and the person's relationship to Petitioner is _____ and the amount received per month is: \$_____.

- b. Does anyone in Respondent's household, including a child, receive Supplemental Security Income (SSI) or Social Security (SSDI or RSDI) due to disability, retirement, or death of a parent or spouse? ☐ YES ☐ NO ☐ UNKNOWN

If **YES**, the name of the person who receives the income is: _____ and the person's relationship to Respondent is _____ and the amount received per month is: \$_____ OR ☐ UNKNOWN.

22. Petitioner's Employment

- a. Is Petitioner employed? ☐ YES ☐ NO Is Petitioner Self-Employed? ☐ YES ☐ NO
- b. Name and address of Petitioner's employer: (If Petitioner has more than one job, list the Name and Address of each employer.)

Name of Petitioner's Employer (If Self-Employed list name and business address)

Employer's Street Address

City

State

Zip Code

Name of Petitioner's Employer (If Self-Employed list name and business address)

Employer's Street Address

City

State

Zip Code

23. Petitioner's Income

The Income questions ask for monthly income. If you are paid weekly, multiply your weekly income by 4.33 to get monthly income. If you are paid every two weeks, multiply by 2.17 to get monthly income. If you are paid twice a month, multiply by 2.

- a. Petitioner's current tax filing status is: ☐ Married ☐ Single; Number of Exemptions_____
- b. Petitioner has income from the following sources in the following amounts: (check all that apply)

Sources of Income**Amount per month (before taxes and deductions)**

- ☐ Self Employment Net Monthly Revenues \$_____
- ☐ Job with _____ \$_____ per month
- ☐ Second Job with _____ \$_____ per month

If you have a job or jobs, answer the questions in the table for each job. If you have more than 2 jobs, attach another sheet of paper to give the information for the other jobs.

| Question | 1 st Job | 2 nd Job |
|---|--|--|
| Are you paid by the hour or do you have a salary? | <input type="checkbox"/> hourly <input type="checkbox"/> salary | <input type="checkbox"/> hourly <input type="checkbox"/> salary |
| What is the average number of hours you work per week? | _____ hours | _____ hours |
| How much overtime pay do you receive per week on average? | \$_____ | \$_____ |
| Do you receive commissions or bonuses? <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, how much did you receive in commissions or bonuses last year? \$_____ and how much do you expect to receive this year? \$_____ | If Yes, how much did you receive in commissions or bonuses last year? \$_____ and how much do you expect to receive this year? \$_____ |

Petitioner's Other Sources of Income:

- ☐ Unemployment ----- \$_____ per month
- ☐ Social Security (SSDI or RSDI)----- \$_____ per month
- ☐ Supplemental Security Income (SSI)---- \$_____ per month
- ☐ MFIP----- \$_____ per month
- ☐ General Assistance----- \$_____ per month

- e. Does Petitioner receive child support payments? ☐ YES ☐ NO If YES, Petitioner receives child support payments from _____(name(s) of payor(s)) in the total amount of \$_____per month.

24. Living Expenses for the Family

- ☐ a. Petitioner and Respondent and their children are still living together. Current monthly living expenses for the family total \$_____.

OR

- ☐ b. Petitioner and Respondent are living separately. The monthly family living expenses **before** separation totaled \$_____. At this time, Petitioner's separate monthly living expenses total \$_____, and Respondent's monthly living expenses total \$_____, or ☐ are UNKNOWN. Of the total current monthly living expense for Petitioner, \$_____ is for expenses just for the children that live with Petitioner. Of the total current monthly living expenses for Respondent, \$_____is for expenses just for the children that live with Respondent, or ☐ this is UNKNOWN.

25. Expenses for Special Needs for the Children

- a. Is there a child of the parties who has special needs and extraordinary medical expenses?

☐ YES ☐ NO

If YES,

Name of child with special needs:_____

Describe the needs:_____

- b. Does Petitioner's monthly living expense (stated at #24) include the special needs expenses for the child? ☐ YES ☐ NO

- c. Does Respondent's monthly living expense (stated at #24) include the special needs expenses for the child? ☐ YES ☐ NO

26. Respondent's Employment

Is Respondent employed? ☐ YES ☐ NO ☐ UNKNOWN

Is Respondent Self-Employed? ☐ YES ☐ NO ☐ UNKNOWN

Name and address of Respondent's employer. *(If Respondent has more than one job, list the Name and Address of each employer.)*

Name of Respondent's Employer (If Self-Employed list name and business address)

Employer's Street Address

City

State

Zip Code

Name of Respondent's Employer (If Self-Employed list name and business address)

Employer's Street Address

City

State

Zip Code

27. Respondent's Income

- a. Respondent's current tax filing status is: ☐ Married ☐ Single; Number of Exemptions _____

OR ☐ Respondent's tax filing status is UNKNOWN.

- b. Respondent has income from the following sources: (Check one)

☐ The Court has no reliable information about Respondent's income.

OR

☐ The Court does not have detailed information about Respondent's income and deductions, but finds that Respondent's pay is \$_____ per ☐ week ☐ month ☐ year with bonuses, overtime or commissions in the additional amount of \$_____ per ☐ week ☐ month ☐ year. This is Respondent's ☐ Net

Income (after taxes and deductions) or ☐ Gross Income (before taxes and deductions.)

OR

☐ The Court has detailed information about Respondent's income and deductions as follows:

The Income questions ask for monthly income. If Respondent is paid weekly, multiply weekly income by 4.33 to get monthly income. If Respondent is paid every two weeks, multiply by 2.17 to get monthly income. If Respondent is paid twice a month, multiply by 2.

Sources of Income

Amount per month (before taxes and deductions)

☐ Self Employment Net Monthly Revenues \$_____

Calculate the net monthly revenues from self employment as follows: (Annual gross revenues minus annual ordinary and necessary business expenses) divided by 12 = Net Monthly Revenue. Also, **attach Schedule C** from last year's tax return to this Petition, if possible.

☐ Job with _____ \$_____ per month

☐ Second Job with _____ \$_____

If Respondent has a job or jobs, answer the questions in the table for each job. If Respondent has more than 2 jobs, attach another sheet of paper to give the information for the other jobs.

| Question | 1 st Job | 2 nd Job |
|---|---|---|
| Is Respondent paid by the hour or does he/she have a salary? | <input type="checkbox"/> hourly <input type="checkbox"/> salary | <input type="checkbox"/> hourly <input type="checkbox"/> salary |
| What is the average number of hours worked per week? | _____ hours | _____ hours |
| How much overtime pay does Respondent receive per week on average? | \$_____ | \$_____ |
| Does Respondent receive commissions or bonuses? <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, how much was received in commissions or bonuses last year? \$_____ How much is expected this year? \$_____ | If Yes, how much was received in commissions or bonuses last year? \$_____ How much is expected this year? \$_____ |

Respondent's Other Sources of Income:

☐ Unemployment ----- \$_____ per month

☐ Social Security (SSDI or RSDI)----- \$_____ per month

☐ Supplemental Security Income (SSI)---- \$_____ per month

☐ MFIP----- \$_____ per month

☐ General Assistance----- \$_____ per month

- e. Does Respondent receive child support payments? ☐ YES ☐ NO ☐ UNKNOWN

If YES, Respondent receives child support payments from _____

(name(s) of payor(s)) in the total amount of \$_____per month.

- ☐ f. Other finding regarding Respondent's income:_____

28. Child Care Costs

Are there child care costs for the children of the marriage because of work or school? ☐ YES

☐ NO ☐ UNKNOWN. If YES, answer (a) and (b):

- a. The daycare center or babysitter charges \$_____ per month.

- b. The child care costs are paid as follows:

Petitioner pays \$_____per month

Respondent pays \$_____per month

The County pays \$_____per month through a County Subsidy.

29. Medical / Dental Insurance

- a. Does Petitioner have insurance coverage **through his/her employment**?

Medical: ☐ YES ☐ NO Dental: ☐ YES ☐ NO

If **YES**, this medical insurance covers: ☐ Petitioner ☐ Respondent ☐ All the Child(ren)

☐ Some of the Children of the parties. Which child(ren) are covered?_____

and this dental insurance covers: ☐ Petitioner ☐ Respondent ☐ All of the Child(ren)

☐ Some of the Children of the parties. Which child(ren) are covered?_____

- b. Does Respondent have insurance coverage **through his/her employment**?

Medical: ☐ YES ☐ NO ☐ UNKNOWN Dental: ☐ YES ☐ NO ☐ UNKNOWN

If **YES**, this medical insurance covers: ☐ Petitioner ☐ Respondent ☐ All the Child(ren)

☐ Some of the Children of the parties. Which child(ren) are covered? _____

and this dental insurance covers: ☐ Petitioner ☐ Respondent ☐ All of the Child(ren)

☐ Some of the Children of the parties. Which child(ren) are covered? _____

c. Do the children of the parties receive Medical Assistance or Minnesota Care through the State of Minnesota? ☐ YES ☐ NO ☐ UNKNOWN

d. Does Petitioner receive Medical Assistance or Minnesota Care through the State of Minnesota? ☐ YES ☐ NO

e. Does Respondent receive Medical Assistance or Minnesota Care through the State of Minnesota? ☐ YES ☐ NO ☐ UNKNOWN

30. Spousal Maintenance

a. Does Petitioner need spousal maintenance from Respondent? ☐ YES ☐ NO If **YES**, Petitioner is _____ years of age. Petitioner and Respondent have been married for _____ years. Petitioner has the following education: _____. Petitioner's gross monthly income totals \$ _____, Petitioner's monthly expenses total \$ _____. Petitioner is not able to maintain the standard of living established during the marriage because: _____

_____.

b. Does Respondent need spousal maintenance from Petitioner? ☐ YES ☐ NO If **YES**, Respondent is _____ years of age. Petitioner and Respondent have been married for _____ years. Respondent has the following education: _____

Respondent's gross monthly income totals \$ _____. Respondent's monthly expenses total \$ _____. Respondent is not able to maintain the standard of living established during the marriage because: _____

31. Vehicles

Vehicles are cars, trucks, boats, motorcycles, snowmobiles, personal watercraft, all terrain vehicles etc. owned by husband or wife together or separately, including vehicles purchased after separation.

Does Petitioner own a vehicle? ☐ YES ☐ NO

Does Respondent own a vehicle? ☐ YES ☐ NO ☐ UNKNOWN

List all vehicles owned by husband or wife together or separately:

| Type of Vehicle (car, boat, truck etc.) | Year/Make/Model | Name(s) on Title | Value | Balance Owed | Monthly Payment |
|---|-----------------|------------------|-------|--------------|-----------------|
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |

32. Marital Property

Marital property means almost anything that you or your spouse now own that was received or bought during the marriage, even during the times you were separated. Marital Property includes household goods, furniture, jewelry, boats, real estate and other things. Marital property does not include a gift or inheritance received by one spouse alone.

Has the marital property been divided already in a manner satisfactory to Petitioner and Respondent? ☐ YES ☐ NO

If NO, Petitioner requests the following marital property: _____

_____.

If **NO**, Respondent requests the following marital property: _____

_____.

33. Non-Marital Property

Non-marital property means: (1) anything that you or your spouse owned before the marriage; (2) anything that you or your spouse received as a gift, bequest, devise, or inheritance, to you or your spouse alone; (3) anything that you or your spouse got in trade or in exchange for your non-marital property; (4) anything that is an increase in the value of non-marital property; (5) anything you or your spouse received after the valuation date set by the court; or (6) anything defined as non-marital property by a valid antenuptial contract.

- a. Does Petitioner have non-marital property? ☐ YES ☐ NO

If YES, list Petitioner's non-marital property: _____

_____.

- b. Does Respondent have non-marital property? ☐ YES ☐ NO ☐ UNKNOWN

If YES, list Respondent's non-marital property: _____

_____.

34. Cash & Accounts – Not including Pension and Employer-Funded Retirement Accounts

Does Petitioner have money in banks, savings, cash or investments? ☐ YES ☐ NO

Does Respondent have money in banks, savings, cash or investments? ☐ YES ☐ NO

☐ UNKNOWN

If YES,

- a. List all accounts owned by one spouse alone or owned by both spouses jointly including those opened after separation. "Type of account" means checking, savings, money market accounts, certificates of deposit, stocks, bonds, stock options mutual funds, savings bonds, and Treasury Bills, etc. Do not include Pension or Employer-Funded Retirement Accounts, which are listed at #38.

| Financial Institution | Type of Account | Account # Last 4 digits only | Amount | Belongs to |
|-----------------------|-----------------|---------------------------------|--------|------------|
| | | XX | \$ | |
| | | XX | \$ | |
| | | XX | \$ | |
| | | XX | \$ | |
| | | XX | \$ | |
| | | XX | \$ | |

- b. List cash not listed at a.:

Petitioner has cash in the amount of \$_____.

Respondent has cash in the amount of \$_____ OR ☐ UNKNOWN

35. Business Interest

Does Petitioner have an interest in a business? ☐ YES ☐ NO

Does Respondent have an interest in a business? ☐ YES ☐ NO ☐ UNKNOWN If YES, the

name of the business is _____, the

address is _____ and

the value is \$_____. This value is based on: _____

36. Manufactured Home

Does Petitioner own a manufactured home? ☐ YES ☐ NO

Does Respondent own a manufactured home? ☐ YES ☐ NO ☐ UNKNOWN

If either Petitioner or Respondent owns a manufactured home, together or separately, complete the following information:

- a. Address of the manufactured home: _____
in the city of _____, state of _____
- b. What type of home is it? (single, double-wide etc.) _____
- c. Whose name(s) is on the title? _____
- d. When was the home purchased? _____
- e. What was the purchase price? \$ _____
- f. What is the current value of the home? \$ _____
- g. The current value is based on: _____
- _____
- h. How much money is still owed on the home? \$ _____
- i. If money is owed on the home, who is the money owed to? _____
- j. Do you own the land the home sits on, or do you rent a lot? ☐ Rent ☐ Own

Note: If you own the lot, you must list the land at Paragraph 37.

37. Real Property - Land, Buildings, Contracts for Deed

All real property now owned by Petitioner or Respondent together or separately must be listed. Include real property acquired before the marriage, during the marriage, and after separation.

- a. Do Petitioner and Respondent jointly own real property? ☐ YES ☐ NO
- b. Does Petitioner own real property solely in his/her own name or with someone other than Respondent? ☐ YES ☐ NO

- c. Does Respondent own real property solely in his/her own name or with someone other than Petitioner? ☐ YES ☐ NO ☐ UNKNOWN
- d. How many properties are owned by Petitioner and Respondent in total? ☐ None ☐ One
☐ Two ☐ Three ☐ _____

If Petitioner or Respondent own real property, separately or together, complete the following information about the property. If there is more than one piece of real property, photocopy and complete a Real Property Information page for each piece of property. Staple the additional sheets to this Judgment and Decree and label each sheet "Attachment to Findings of Fact, Conclusions of Law, Order for Judgment, Judgment and Decree of _____(your names)"

Real Property Information

1. Real Estate belongs to : (List full names of all owners)_____
2. Legal Description is: (The full legal description **must** be included. Copy the legal description from the deed. Do not use the property tax statement legal description. If the legal description is long, you may use an attachment. Type or print neatly.)

3. Street Address of the real property is:

City_____State_____Zip Code_____
The property is in_____County.
4. Purchase date_____(month , day, year) and purchase price:\$_____
5. Mortgages or loans: (List all mortgages and loans on the property)
☐ There are no mortgages or loans on this property.

1st Mortgage: Amount currently owed \$ _____ and name of lender _____

2nd Mortgage: Amount currently owed \$ _____ and name of lender _____

Other mortgages or loans: _____

6. Current Market Value of this property: \$ _____

How was this value arrived at? _____

7. This property is the homestead: _____ Yes _____ No

38. Retirement Plans

a. Does **Petitioner** have a retirement account? (IRA, 401(k), 403(b) or other)

☐ YES ☐ NO

If **YES**:

a) The account number is: (last 4 digits only) _____

b) The name of the bank that has the account is: _____

c) The current account balance is: _____

b. Has **Petitioner**, or Petitioner's past or present employer, union, or other group, paid money into a pension, profit sharing, or other retirement plan for Petitioner? ☐ YES ☐ NO

If **YES**:

a) The name of the plan is: _____

b) The employer, union or group providing the plan is: _____

c) The date Petitioner began working at the job or joined the union or group plan is: _____

d) The type of plan is: (e.g. defined benefit, defined contribution) _____

e) The present value of the pension or plan is: _____

- c. Does **Respondent** have a retirement account? (IRA, 401(k), 403(b) or other) ☐ YES ☐ NO
☐ UNKNOWN

If YES:

- a) The account number is: (last 4 digits only) _____
- b) The name of the bank that has the account is: _____
- c) The current account balance is: _____
- d. Has **Respondent**, or Respondent's past or present employer, union, or other group, paid money into a pension, profit sharing, or other retirement plan for Respondent?
- ☐ YES ☐ NO ☐ UNKNOWN

If YES, and it is a **Pension, Profit-Sharing, or other Retirement Plan**:

- a) The name of the plan is: _____
- b) The employer, union or group providing the plan is: _____
- c) The date Respondent began working at the job or joined the union or group plan is:

- d) The type of plan is: (e.g. defined benefit, defined contribution) _____

- e) The present value of the pension or plan is: _____

39. Debts

Does Petitioner have debt? ☐ YES ☐ NO

Does Respondent have debt? ☐ YES ☐ NO ☐ UNKNOWN

If YES, list debts in Petitioner's name, Respondent's name and in both names jointly. Include unpaid debts from before the marriage date, during the marriage, and after separation. Fill in all information completely and attach another sheet of paper if necessary.

| Money is owed to: | Money was used for: | Whose Name is on the Account and When was the Debt | Balance Owed | Monthly Payment |
|-------------------|---------------------|--|--------------|-----------------|
|-------------------|---------------------|--|--------------|-----------------|

required by Minn. Stat. Section 259.13? ☐ YES ☐ NO

Does **Respondent** want to change his/her name? ☐ YES ☐ NO If **YES**, answer (d) through (f)

d. Respondent's name should be changed to:

| | | |
|-------|--------|------|
| <hr/> | | |
| First | Middle | Last |

Is this name a former legal name or maiden name? ☐ YES ☐ NO

If **NO**, the reason Respondent wants to change to this name is: _____

e. Respondent has no intent to defraud or mislead anyone by changing his/her name:

☐ True ☐ False

f. Has Respondent been convicted of a felony? ☐ YES ☐ NO If **YES**, has

Respondent given notice of this request for name change to the proper authority as

required by Minn. Stat. Section 259.13? ☐ YES ☐ NO

41. Other Finding

BASED UPON THE ABOVE INFORMATION, the Court makes the following:

CONCLUSIONS OF LAW

1. The bonds of matrimony between Petitioner and Respondent are dissolved, so they are single and not married.

2. **Legal Custody**

☐ a. **Legal** custody of **all** of the parties' minor child(ren) is granted:

☐ Solely to Petitioner ☐ Solely to Respondent ☐ Jointly to both parties

OR ☐ b. **Legal** custody of each minor child of the parties is granted as follows:

| Name of Child | Granting Legal Custody: |
|---------------|---|
| | <input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties. |
| | <input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties. |
| | <input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties. |
| | <input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties. |
| | <input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties. |

3. **Physical Custody**

☐ a. **Physical** custody of **all** of the parties' minor child(ren) is granted:

☐ Solely to Petitioner ☐ Solely to Respondent ☐ Jointly to both parties

OR

☐ b. **Physical** custody of each of the minor children of the parties is granted as follows:

| Name of Child | Granting Physical Custody: |
|---------------|---|
| | <input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties. |
| | <input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties. |
| | <input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties. |
| | <input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties. |
| | <input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties. |

| | |
|--|------------------|
| | to both parties. |
|--|------------------|

4. **Parenting Time**

(Choose a. or b.)

☐ a. ☐ Petitioner ☐ Respondent shall have ☐ Supervised ☐ Unsupervised
parenting time with the child(ren) based on the following schedule.

OR ☐ b. Parenting time is reserved.

Parenting Time Schedule

Weekends: _____

Week nights or after school: _____

Holidays _____

School Release days _____

Birthdays _____ (child's birthday, parent's birthday)

Summer _____

Telephone contact with the child(ren): ☐ Unlimited or ☐ Only at certain times as follows:
(describe the days and times when the parent and child(ren) may have telephone contact) _____

Other _____

5. **Child Support**

(Choose a. or b.)

☐ a. ☐ Petitioner ☐ Respondent shall pay to ☐ Petitioner ☐ Respondent \$ _____
per month for the care and support of the parties' minor child(ren) starting on this
date: _____. Any past due amounts are still owed.

If this amount is more or less than guideline child support, the facts supporting the deviation from the
guideline amount are: _____

The monthly amount shall be:

☐ subject to income withholding from the payor's income, regardless of source, by his or
her employer, trustee, or other payor of funds and mailed to: Minnesota Child Support
Payment Center, P.O. Box 64326, St. Paul, MN 55164-0326. If the person paying child
support is self-employed, send payments to Minnesota Child Support Payment Center,
P.O. Box 64306, St. Paul, MN 55164-0306.

**To start income withholding, Petitioner or Respondent must apply for
income withholding at the Child Support office in the County where the children live.**

Until income withholding starts, the person owing support shall pay the other parent
directly.

OR

☐ paid directly by the parent owing the child support to the parent receiving the child
support, payable on the _____ day of each month.

☐ b. Child Support shall be reserved. Child support shall be reserved because: _____

Either party can ask the court to order the payment of child support in the future by filing a
Motion stating that there is a change in circumstances.

6. **Medical and Dental Insurance for the Minor Children**

Ordering Medical insurance as follows:

- ☐ a. ☐ Petitioner ☐ Respondent shall provide **medical** insurance for the minor child(ren) through his/her **employment**. The other parent must: ☐ contribute a fair share to the insurance costs paid by the parent with the insurance coverage, by paying:_____

OR ☐ pay nothing toward the medical insurance costs.

OR

- ☐ b. ☐ Petitioner ☐ Respondent shall provide **medical** insurance for the minor children by obtaining and paying for **private insurance**. The other parent must: ☐ contribute a fair share to the insurance costs paid by the parent with the insurance coverage, by paying:_____

OR ☐ pay nothing toward the medical insurance costs.

OR

- ☐ c. ☐ Petitioner ☐ Respondent shall pay \$_____per month, per child, as reimbursement for Medical Assistance or Minnesota Care, payable by income withholding through the Minnesota Child Support Payment Center, provided Medical Assistance or Minnesota Care is open for the child(ren).

OR

- ☐ d. Reserving the issue of medical insurance for the minor children.

Ordering **Dental** Insurance as follows:

- ☐ a. ☐ Petitioner ☐ Respondent shall provide **dental** insurance for the minor child(ren) through his/her **employment**. The other parent must: ☐ contribute a fair share to the insurance costs paid by the parent with the insurance coverage, by paying:_____

OR ☐ pay nothing toward the dental insurance costs.

OR

- ☐ b. ☐ Petitioner ☐ Respondent shall provide **dental** insurance for the minor child(ren) by obtaining and paying for **private insurance**. The other parent must:

☐ contribute a fair share to the insurance costs paid by the parent with the insurance coverage, by paying:_____

OR ☐ pay nothing toward the dental insurance costs.

OR

☐ c. **Reserving** the issue of dental insurance.

☐ Other:_____

_____.

7. Unreimbursed Medical and Dental Costs for the Children

☐ a. Petitioner shall pay _____ % of the unreimbursed medical and dental costs for the minor child(ren) of the parties, and Respondent shall pay _____ % of the unreimbursed medical and dental costs for the minor child(ren) of the parties. OR

☐ b. Reserving the issue of unreimbursed medical and dental costs.

"Unreimbursed medical and dental costs" are expenses not covered by insurance, not paid by medical assistance, and not paid by the State of Minnesota. Examples include deductibles, co-pays, and procedures not covered by insurance or assistance. Usually the parent with physical custody of the child will receive and pay the bill for the unreimbursed costs.

The parent who paid the bill must ask the other parent to pay his/her percentage share. To ask for payment, send to the other parent a) a copy of the bill, b) evidence that you have paid the bill, and c) a letter requesting payment to you in the amount of \$_____. This request for payment should be made promptly, and no later than 3 months after the bill is paid. If a request for payment is made after 3 months, there must be exceptional circumstances to support the late request for payment.

The person receiving the request for payment shall make the payment within 30 days. If there is a good reason to question the payment, send a letter to the other parent stating what additional information is needed, or why payment is disputed. If neither payment nor a written letter disputing payment is sent within 30 days of receiving the request for payment, then the unpaid bill can be considered back due child support.

If the parents are not able to work out payment problems, either parent can bring a motion in Court asking the Court to decide the dispute, or asking the Court to adjust how they divide the bills, based on changes in the incomes of the parents.

8. Medical and Dental Insurance for the Parties

- ☐ a. Each party shall provide for his or her own ☐ medical ☐ dental insurance.
- ☐ b. _____(full name) shall provide ☐ medical ☐ dental insurance for _____(full name).
- ☐ c. Allowing _____(full name), at his/her own expense, to continue the dependent coverage available under the other party's insurance plan, pursuant to federal and state statutes.
- ☐ d. Reserving the issue of medical and dental insurance for the parties.

9. Child Care Expenses

- ☐ a. Petitioner shall pay \$_____ per month for child care expenses, and Respondent shall pay \$_____ per month for child care expenses; OR
- ☐ b. Reserving the issue of child care expenses.

10. Spousal Maintenance

- ☐ a. Maintenance is denied to Petitioner and Respondent forever. The court is divested of jurisdiction over spousal maintenance.
- ☐ b. Maintenance is reserved. Spousal maintenance shall be reserved because: _____
- _____.

Either party can ask the court to order the payment of spousal maintenance in the future by filing a Motion stating a change in circumstances.

- ☐ c. ☐Petitioner ☐ Respondent shall pay permanent spousal maintenance to the other party in the amount of \$_____per month starting on this date:_____. Any past due amounts are still owed.
- ☐ d. ☐Petitioner ☐ Respondent shall pay temporary spousal maintenance to the other party in the amount of \$_____per month starting on this date:_____and ending on this date:_____. Any past due amounts are still owed.

The monthly amount of permanent or temporary spousal maintenance shall be:

☐ subject to income withholding from the payor's income, regardless of source, by his or her employer, trustee, or other payor of funds and mailed to: Minnesota Child Support Payment Center, P.O. Box 64326, St. Paul, MN 55164-0326. If the person paying spousal support is self-employed, send payments to Minnesota Child Support Payment Center, P.O. Box 64306, St. Paul, MN 55164-0306. **To start income withholding, Petitioner or Respondent must apply for income withholding at the Child Support office in their County.** Until income withholding starts, the person owing maintenance shall pay the amount directly to the spouse receiving it.

OR

☐ paid directly by the spouse owing the maintenance to the spouse receiving it, payable on the _____ day of each month.

11. Vehicles

The vehicles are awarded as follows, and the party receiving the vehicle shall pay for any loans or insurance for such vehicle:

| Year / Make / Model | Awarded to: |
|---------------------|-------------|
| | |
| | |
| | |
| | |
| | |

12. Marital Property

The parties' marital property, household goods, furniture and furnishings are awarded:

- ☐ a. As currently divided **OR**
☐ b. As follows (add pages if necessary):

To Petitioner: _____

To Respondent: _____

13. Non-Marital Property

The parties' non-marital property is awarded:

- ☐ a. As currently divided **OR**
☐ b. As follows (add pages if necessary):

To Petitioner: _____

To Respondent: _____

14. Cash and Accounts

a. Awarding the savings and investments as follows:

| Institution | Type of Account | Account # | Amount | Awarded to |
|-------------|-----------------|----------------------|--------|------------|
| | | (Last 4 digits only) | | |
| | | XX | \$ | |
| | | XX | \$ | |
| | | XX | \$ | |
| | | XX | \$ | |
| | | XX | \$ | |
| | | XX | \$ | |

b. ☐ Awarding any cash not included in a. above to the party who currently has the cash OR

☐ Awarding the cash as follows: _____

15. Business

☐ None OR

☐ Awarding the parties' **business** as follows: _____

16. Manufactured Home

☐ None OR

☐ Awarding the manufactured home located at : _____

street address

city

state

to ☐ Petitioner ☐ Respondent. The debt on the manufactured home owed to: _____
_____ shall be paid by
☐ Petitioner ☐ Respondent.

17. Real Property

☐ None OR

☐ Awarding solely to ☐ Petitioner ☐ Respondent all right, title, and interest of husband and wife in the real property located at:

Street address _____
in the City of _____, County of _____,
State of _____, which has the following legal description: _____

with the following mortgages and loans to be paid, after the divorce is final, by ☐ Petitioner
☐ Respondent:

1st Mortgage: Amount currently owed: \$ _____ and name of lender: _____

2nd Mortgage: Amount currently owed: \$ _____ and name of lender: _____

and subject to the following liens or other conditions or agreements:

☐ A lien in favor of ☐ Petitioner ☐ Respondent in the amount of \$ _____.

☐ Other conditions or agreements about the property: _____

18. Additional Real Property

☐ None OR

☐ Awarding solely to ☐ Petitioner ☐ Respondent all right, title, and interest of husband and wife in the real property located at:

Street address _____
in the City of _____, County of _____,
State of _____, which has the following legal description: _____

with the following mortgages and loans to be paid, after the divorce is final, by ☐ Petitioner
☐ Respondent:

1st Mortgage: Amount currently owed: \$ _____ and name of lender: _____

2nd Mortgage: Amount currently owed: \$ _____ and name of lender: _____

and subject to the following liens or other conditions or agreements:

☐ A lien in favor of ☐ Petitioner ☐ Respondent in the amount of \$ _____.

☐ Other conditions or agreements about the property: _____

19. Retirement Funds

a. Awarding Petitioner's pension, profit sharing, retirement plan, I.R.A., 401(k) or other retirement fund as follows:

☐ 100% to Petitioner **OR**

☐ Other (describe fully): _____

b. Awarding Respondent's pension, profit sharing, retirement plan, I.R.A., 401(k) or other retirement fund as follows:

☐ 100% to Respondent **OR**

☐ Other (describe fully): _____

20. **Debts**

- ☐ a. The debts are divided as follows. The person ordered to pay a debt shall hold the other person harmless from any responsibility for the debt.

| Debt Owed To: | To Be Paid By: |
|---------------|----------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

- ☐ b. Each party is solely responsible for paying any other debts incurred solely by him or her and each party shall hold the other harmless from any responsibility for such separately incurred debts.

21. **Name Change**

- ☐ Neither party is requesting a name change. OR

☐ Changing Petitioner's name to: _____
First Middle Last

☐ Changing Respondent's name to: _____
First Middle Last

22. **Paternity Questions**

Check only if applicable:

- ☐ The Husband does not have a parent – child relationship with a child or children named: _____, born to Wife during the marriage, and Husband is not the father.

- ☐ The issue of paternity of the unborn child of Wife is reserved.

23. Other: _____

24. Other: _____

25. Each party shall execute any and all documents necessary to transfer real and personal property as awarded herein without further order of the Court. Should either party fail to execute the necessary documents, a certified copy of the Judgment and Decree shall operate to transfer title as awarded herein.

26. Petitioner shall personally serve Respondent with a copy of the Judgment and Decree by having a third party (the server) hand a copy to Respondent. The server's Affidavit of Personal Service, filed with the Court by petitioner, will be proof of service. If Respondent agreed in a Marital Termination Agreement to be served with a copy of the Judgment and Decree by mail, then Petitioner may serve Respondent with a copy of the Judgment and Decree by having a third party mail the copy to respondent by first class United States mail at respondent's residence or last known address. This shall constitute due and proper service of the Judgment and Decree. The server's Affidavit of Service by Mail, filed with the Court by Petitioner, will be proof of service.

27. NOTICE: APPENDIX A SHALL BE INCORPORATED AND MADE A PART OF THE JUDGMENT AND DECREE. Appendix A contains provisions regarding Payments to Public Agency, Minnesota Statutes § 518.551, subdivision 1; Depriving Another of Custodial or Parental Rights—A Felony, Minnesota Statutes § 609.26; Rules of Support, Maintenance, Visitation, Parental Rights from Minnesota Statutes § 518.17, subdivision 3; Wage and Income Deduction of Support and Maintenance, Minnesota § 518.6111; Change of Address or Residence; Cost of Living Increase of Support and Maintenance pursuant to Minnesota Statutes § 518.641; Judgments for Unpaid Support pursuant to Minnesota Statutes § 548.091; Judgments for Unpaid Maintenance pursuant to Minnesota Statutes § 548.091; Medical Insurance and Expenses pursuant to Minnesota Statutes § 518.171; Capital Gain on Sale of Principal Residence

pursuant to Minnesota Statutes § 518.583; and 259.115 regarding criminal penalties for failure to comply with felon name change law.

Dated: _____

Signature of Respondent

(Respondent must sign if the parties signed a Marital Termination Agreement, or made an oral agreement)

**ORDER FOR JUDGMENT
LET JUDGMENT BE ENTERED IMMEDIATELY.**

The foregoing facts were found
by me after due hearing and the
Order thereon is recommended.

BY THE COURT

District Court Referee

Judge of District Court

Dated: _____

Dated: _____

JUDGMENT

I certify the above *Conclusions of Law* are the Judgment of the Court.

Court Administrator